U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 76.98	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 81 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name William C Hutchinson	Name Iron Workers Local Union 787		
	Labor Organization File Number 010-636		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 815 2nd St.	Street 303 Erickson Blvd.		
City Marietta	City Parkersburg		
State 0h10 ZIP Code +4 45750	State West Virginia ZIP Code + 4 26101		
5. Position in labor organization. Business Manager			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4	A CONTRACT OF CONT		
Signature §			
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the		
Signed Nill CA	On 8/11/05 (304) 485-6231 Date Telephone Number		
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Name of Person Filing William C Hutchinson		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Tron Workers Southern OH Fringe Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1470 Worldwide Place City Vandalia State Ohio ZIP Code + 4 45377	9. Business deals with: a. Labor Organiza X b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Iron Workers Southern OH Fringe Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1470 Worldwide Place City Vandalia State Ohio ZIP Code + 4 45377	11.a. Nature of such dealing. Attended Trustee Educational Conference for Iron Workers Southern Ohio Fringe Funds. Reimbursed for travel expenses for Conference. 11/29 - 12/03/04 New Orleans, LA. 11.b. Approximate dollar value of such dealing. \$207 12.a. Nature of interest held or income received. Reimbursment for travel expenses. 11/29 - 12/03/04 New Orleans, LA.		
	12.b. Amount.	\$207	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	200.007	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Print Name

Signature

Date